SEGRETARY OF THE SENATE PUBLIC-RECORDS

Date/Time Stamp

2019 OCT 29 AH 11: 44

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Reynaldo A. Ben	nitez
Employing Office/Committee: U.S. S	Senator Catherine Cortez Masto
ravel Expenses Paid by (List all sour	ces): American Israel Education Fund (AIEF)
ravel Date(s): May 25 / June 2, 20	19
escription/Title of Attached Forms:	Employee Post-Travel Disclosure of Travel Expenses (Form RE-2)
Provide Signature of Supervising	reason for amending original submission):Senator
10/29/2019	
(Date)	Signature of Traveler)

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Employee Post-Travel Disclosure of Travel Expenses	Date/Time Stamp:
Travel Filing Instructions: Complete this form within 30 days of returning from	

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.	
In compliance with Rule 35.2(a) and (c). I make the following disclosures with respect to tra	avel e

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n compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to	travel	expenses	that have l	been o	or wil
be reimbursed/paid for me. I also certify that I have attached:		-			

- ☑ The <u>original</u> Employee Pre-Travel Authorization (Form RE-1), <u>AND</u>
- 🗵 A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invited list, etc.)

Es A copy of the Trivate sponsor Travet Certification Form with an attachments (timerary, myttee fist, etc.)
Private Sponsor(s) (list all): American Israel Education Fund (AIEF)
Travel date(s): May 25 / June 2, 2019
Name of accompanying family member (if any): N/A Relationship to Traveler: Shouse Child

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate ☑ Actual Amount	\$5,783.54	\$1,840.23	\$1,172.39	Other expenses: \$3,459.76 See breakdown attached

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate				
☐ Actual Amount				

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional pages if necessary.): See attached itinerary

10.29.19 (Date)

(Rrinted name of traveler)

(Signature of traveler)

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

10/29/19 (Date)

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(Signature of Supervising Sentitor/C

(Revised 1/3/11)

Form RE-2